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CONFIRMATION NO. 9004

<b>SERIAL NUMBER</b> 10/517,844	<b>FILING OR 371(c) DATE</b> 12/15/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 030231-0155	
<b>APPLICANTS</b> Amnon Sintov, Omer, ISRAEL; Raphael Gorodischer, Omer, ISRAEL;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00513 06/16/2003 <b>** FOREIGN APPLICATIONS *****</b> ISRAEL 150334 06/20/2002  <div style="text-align: center;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <u>Allowance</u> Verified and <u>Signature</u> Acknowledged <u>Initials</u>		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22428					
<b>TITLE</b> Transdermal drug delivery system					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		